

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Rolando

First name

Middle name

Gonzalez

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-7169

Debtor 1 Rolando Gonzalez**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**757 N. Willow Road
Elmhurst, IL 60126**

Number, Street, City, State & ZIP Code

DuPage

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Rolando Gonzalez**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

- Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Rolando Gonzalez****Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rolando Gonzalez**Rolando Gonzalez**
Signature of Debtor 1

Signature of Debtor 2

Executed on February 19, 2016
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ John F. Hiltz

Signature of Attorney for Debtor

Date

February 19, 2016

MM / DD / YYYY

John F. Hiltz

Printed name

Hiltz & Zanzig LLC

Firm name

53 West Jackson Blvd.

Suite 205

Chicago, IL 60604

Number, Street, City, State & ZIP Code

Contact phone

312-566-9008

Email address

info@hzlawgroup.com

6289744

Bar number & State

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 195,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 195,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 3,960.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 198,960.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 233,114.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 233,114.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 19,574.40
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 19,574.40
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 60,690.56
		Your total liabilities \$ 313,378.96

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 3,250.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,250.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 6,582.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 6,582.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Rolando Gonzalez**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	3,250.00
----	-----------------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 19,574.40
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 19,574.40

Fill in this information to identify your case and this filing:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

819 Anchor Ct.

Street address, if available, or other description

Bartlett **IL** **60103-0000**

City State ZIP Code

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$195,000.00

Current value of the portion you own?

\$195,000.00

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$195,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

Debtor 1

Rolando Gonzalez

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash

\$60.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. PNC Personal Account (No. 1367) \$60.00

17.2. Checking PNC Business Account (No. 2401) \$0.00

17.3. Farmers Credit Union \$5.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

 No Yes. Give specific information about them.....

Name of entity:

% of ownership:

100% interest in Debtor's personal services business (insurance). Assets of business are: office equipment, furnishings, supplies used in Debtor's business.

%

\$1,400.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

Debtor 1 **Rolando Gonzalez****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..

Debtor 1 **Rolando Gonzalez****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

Funds held by employer from garnishment order**\$1,435.00****36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$2,960.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here**\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2** **\$195,000.00****56. Part 2: Total vehicles, line 5** **\$0.00****57. Part 3: Total personal and household items, line 15** **\$1,000.00****58. Part 4: Total financial assets, line 36** **\$2,960.00****59. Part 5: Total business-related property, line 45** **\$0.00****60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00****61. Part 7: Total other property not listed, line 54** **+** **\$0.00****62. Total personal property. Add lines 56 through 61...** **\$3,960.00** Copy personal property total **\$3,960.00****63. Total of all property on Schedule A/B. Add line 55 + line 62** **\$198,960.00**

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
819 Anchor Ct. Bartlett, IL 60103 DuPage County Line from <i>Schedule A/B</i> : 1.1	\$195,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901
Miscellaneous household goods, furnishings, etc. Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Cash Line from <i>Schedule A/B</i> : 16.1	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
PNC Personal Account (No. 1367) Line from <i>Schedule A/B</i> : 17.1	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Farmers Credit Union Line from <i>Schedule A/B</i> : 17.3	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1

Rolando Gonzalez

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
100% interest in Debtor's personal services business (insurance). Assets of business are: office equipment, furnishings, supplies used in Debtor's business. Line from <i>Schedule A/B</i> : 19.1	<u>\$1,400.00</u> Copy the value from <i>Schedule A/B</i>	<input checked="" type="checkbox"/> <u>\$1,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Funds held by employer from garnishment order Line from <i>Schedule A/B</i> : 35.1	<u>\$1,435.00</u>	<input checked="" type="checkbox"/> <u>\$1,435.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim: 819 Anchor Ct. Bartlett, IL 60103 DuPage County	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
Cit Fin Serv			\$233,114.00	\$195,000.00	\$38,114.00
Attn: Bankruptcy Po Box 140489 Irving, TX 75063	Number, Street, City, State & Zip Code				
<p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p>					
<p>Opened 3/01/06 Last Active 5/31/14</p>					
Date debt was incurred		Last 4 digits of account number	5889		

Add the dollar value of your entries in Column A on this page. Write that number here:
If this is the last page of your form, add the dollar value totals from all pages.

\$233,114.00
\$233,114.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address
-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	Illinois Department of Revenue	Last 4 digits of account number	1568	\$ 768.97	\$ 0.00	\$ \$768.97
	Priority Creditor's Name Bankruptcy Section PO BOX 64338 Chicago, IL 60664-0338	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 				
	Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
	2011 Taxes					

Debtor 1 Rolando Gonzalez

2.2

Illinois Department of Revenue Last 4 digits of account number 1622 \$ 1,169.86 \$ 0.00 \$ \$1,169.86

Priority Creditor's Name

Bankruptcy Section
PO BOX 64338
Chicago, IL 60664-0338

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 Disputed No Yes

Type of PRIORITY unsecured claim:

 Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2010 Taxes**

2.3

Illinois Department of Revenue Last 4 digits of account number 1680 \$ 1,916.43 \$ 0.00 \$ \$1,916.43

Priority Creditor's Name

Bankruptcy Section
PO BOX 64338
Chicago, IL 60664-0338

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 Disputed No Yes

Type of PRIORITY unsecured claim:

 Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2013 Taxes**

2.4

Illinois Department of Revenue Last 4 digits of account number 673.16 \$ 0.00 \$ \$673.16

Priority Creditor's Name

Bankruptcy Section
PO BOX 64338
Chicago, IL 60664-0338

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a
community debt

Is the claim subject to offset?

Type of PRIORITY unsecured claim:

 No Domestic support obligations Yes Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2011 Taxes**

2.5

Internal Revenue Service Last 4 digits of account number 7,755.57 \$ 0.00 \$ \$7,755.57

Priority Creditor's Name

PO Box 7346
Philadelphia, PA 19101-7346

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a
community debt

Is the claim subject to offset?

Type of PRIORITY unsecured claim:

 No Domestic support obligations Yes Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2005 Taxes**

Debtor 1 Rolando Gonzalez

Document

Page 22 of 70

Case number (if known)

2.6

Internal Revenue Service	Last 4 digits of account number	\$	3,845.09	\$	3,845.09	\$	\$0.00
---------------------------------	---------------------------------	----	-----------------	----	-----------------	----	---------------

Priority Creditor's Name

PO Box 7346**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a
community debt

Is the claim subject to offset?

 No Yes Disputed

Type of PRIORITY unsecured claim:

 Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2013 Taxes**

2.7

Internal Revenue Service	Last 4 digits of account number	\$	2,385.94	\$	0.00	\$	\$2,385.94
---------------------------------	---------------------------------	----	-----------------	----	-------------	----	-------------------

Priority Creditor's Name

PO Box 7346**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

 Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a
community debt

Is the claim subject to offset?

 No Yes Disputed

Type of PRIORITY unsecured claim:

 Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify**2011 Taxes**

2.8

Internal Revenue Service	Last 4 digits of account number	\$	1,059.38	\$	0.00	\$	\$1,059.38
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						

2012 Taxes**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

ADT Security Services	Last 4 digits of account number	6837	Total claim	\$ 2,296.43
Priority Creditor's Name PO Box 371878 Pittsburgh, PA 15250-7878	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Services

4.2

Alexian Brothers Medical Center	Last 4 digits of account number	1220	Total claim	\$ 2,319.51
Priority Creditor's Name 22589 Network Place Chicago, IL 60673-1225	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			

Debtor 1 **Rolando Gonzalez**Document Page 24 of 70
Case number (if known)**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Medical**

4.3

Arnold Scott Harris, P.C.

Priority Creditor's Name

**111 West Jackson Blvd.
Suite 600
Chicago, IL 60604**

Number Street City State Zip Code

Last 4 digits of account number 1221\$ 1,501.00

When was the debt incurred?

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Collection for Illinois Tollway Authority**

4.4

Arnold Scott Harris, P.C.

Priority Creditor's Name

**111 West Jackson Blvd.
Suite 600
Chicago, IL 60604**

Number Street City State Zip Code

Last 4 digits of account number 1772\$ 286.00

When was the debt incurred?

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Collection for Illinois Tollway Authority**

4.5

Associated Pathology Consultants

Priority Creditor's Name

Last 4 digits of account number

\$ 148.00

Debtor 1 **Rolando Gonzalez**Document Page 25 of 70
Case number (if known)**2634 Solutions Center
Chicago, IL 60677-2006**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Medical** _____

4.6

AT&TPriority Creditor's Name
**c/o Bankruptcy
1801 Valley View Ln
Dallas, TX 75234**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **5209**\$ **1,407.17****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Services** _____

4.7

AT&TPriority Creditor's Name
**c/o Bankruptcy
1801 Valley View Ln
Dallas, TX 75234**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **3897**\$ **290.50****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Collection for AT&T Uverse** _____

Debtor 1 Rolando GonzalezDocument Page 26 of 70
Case number (if known)

4.8

Centurion Service Corporation

Priority Creditor's Name

**1040 S. Arlington Heights Road
Suite 205
Arlington Heights, IL 60005**

Number Street City State Zip Code

Last 4 digits of account number 8305\$ 539.17

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

4.9

Chase

Priority Creditor's Name

Card Services**P.O. Box 15298****Wilmington, DE 19850**

Number Street City State Zip Code

Last 4 digits of account number

\$ 984.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Overdrawn Account

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

4.10

Commonwealth Edison

Priority Creditor's Name

3 Lincoln Center**Attn: Bkcy Group-Claims
Department****Villa Park, IL 60181**

Number Street City State Zip Code

Last 4 digits of account number

\$ 1,200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 Rolando GonzalezDocument Page 27 of 70
Case number (if known)

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

Services

4.11

Credit Collection Service

Priority Creditor's Name

**Po Box 773
Needham, MA 02494**

Number Street City State Zip Code

Last 4 digits of account number **6199**\$ **99.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Med1 02 Edward Elmhurst Healthcare

4.12

Credit Collection Services

Priority Creditor's Name

**Two Wells Avenue
Newton Center, MA 02459**

Number Street City State Zip Code

Last 4 digits of account number **0011**\$ **1,132.96**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Collection for Commonwealth Edison

4.13

Credit Management, LP

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 118288
Carrolton, TX 75011**

Number Street City State Zip Code

Last 4 digits of account number **0572**\$ **174.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 Rolando GonzalezDocument Page 28 of 70
Case number (if known)**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent

Debtor 1 and Debtor 2 only

 Unliquidated

At least one of the debtors and another

 Disputed

Check if this claim is for a community debt

 Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims

No

 Debts to pension or profit-sharing plans, and other similar debts

Yes

 Other. Specify**01 Spring Green Lawn Care**

4.14

Credit One Bank Na

Priority Creditor's Name

Last 4 digits of account number

2440

\$

177.00**Po Box 98873
Las Vegas, NV 89193**

Number Street City State Zip Code

Opened 7/01/14 Last**Active 1/12/16****When was the debt incurred?****Who incurred the debt?** Check one. Contingent

Debtor 1 only

 Unliquidated

Debtor 1 and Debtor 2 only

 Disputed

At least one of the debtors and another

 Student loans

Check if this claim is for a community debt

 Obligations arising out of a separation agreement or divorce that you did not report as priority claims**Is the claim subject to offset?** Debts to pension or profit-sharing plans, and other similar debts

No

 Other. Specify**Credit Card**

4.15

David and Goldmark, Inc.

Priority Creditor's Name

**23441 S. Pointe Dr #200
Laguna Hills, CA 92653**

Number Street City State Zip Code

Last 4 digits of account number

0790

\$

748.54**Who incurred the debt?** Check one. Contingent

Debtor 1 only

 Unliquidated

Debtor 1 and Debtor 2 only

 Disputed

At least one of the debtors and another

 Student loans

Check if this claim is for a community debt

 Obligations arising out of a separation agreement or divorce that you did not report as priority claims**Is the claim subject to offset?** Debts to pension or profit-sharing plans, and other similar debts

No

 Other. Specify**Collection**

4.16

Elmhurst Memorial Healthcare

Priority Creditor's Name

**27535 Netowrk Place
Chicago, IL 60673-1258**

Last 4 digits of account number

4385

\$

150.98**When was the debt incurred?**

Debtor 1 Rolando GonzalezDocument Page 29 of 70
Case number (if known)

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify **Medical**

4.17

Elmhurst Memorial HealthcarePriority Creditor's Name **7614**\$ **957.61**

Number Street City State Zip Code

When was the debt incurred?**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed Check if this claim is for a community debt**Type of NONPRIORITY unsecured claim:** Student loans Other. Specify **Medical****Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes

4.18

Elmhurst Memorial HealthcarePriority Creditor's Name **4385**\$ **119.71**

Number Street City State Zip Code

When was the debt incurred?**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed Check if this claim is for a community debt**Type of NONPRIORITY unsecured claim:** Student loans Other. Specify **Medical****Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes

4.19

Enterprise Recovery Systems, Inc.Priority Creditor's Name **4063**\$ **1,804.00**

Debtor 1 Rolando GonzalezDocument Page 30 of 70
Case number (if known)**2000 York Rd. Suite 114
Oak Brook, IL 60523**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection for College of Dupage**

4.20

Farmers Ins Group F C

Priority Creditor's Name

**4601 Wilshire Blvd Suite 110
Los Angeles, CA 90010**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0101\$ **11,348.00****Opened 8/01/13 Last Active 1/05/16****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured**

4.21

FFCC/First Federal Credit Control

Priority Creditor's Name

**Po Box 20790
Columbus, OH 43220**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8846\$ **343.00****Opened 9/01/15****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Northwest Health Care Assoc**

Debtor 1 Rolando GonzalezDocument Page 31 of 70
Case number (if known)

4.22	General Revenue Corporation Priority Creditor's Name 11501 Northlake Drive Cincinnati, OH 45249-1643 Number Street City State Zip Code	Last 4 digits of account number 4036	\$ 6,632.50
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for Benedictine University			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.23 Harvard Collection Priority Creditor's Name Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630 Number Street City State Zip Code			
Last 4 digits of account number 4598 When was the debt incurred? Opened 3/01/12			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Elk Grove Lab Physicians P.C			
4.24 Lancer Claims Services Priority Creditor's Name PO Box 7048 Orange, CA 92863 Number Street City State Zip Code			
Last 4 digits of account number 8316 When was the debt incurred? As of the date you file, the claim is: Check all that apply			

Debtor 1 Rolando GonzalezDocument Page 32 of 70
Case number (if known)

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

Deductible Collections

4.25

Lancer Claims Services

Priority Creditor's Name
PO Box 7048
Orange, CA 92863
 Number Street City State Zip Code

Last 4 digits of account number 9617\$ 1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Deductible Collections

4.26

Lancer Claims Services

Priority Creditor's Name
PO Box 7048
Orange, CA 92863
 Number Street City State Zip Code

Last 4 digits of account number 4926\$ 1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Deductible Collections

4.27

Med Business Bureau

Priority Creditor's Name
1460 Renaissance Dr
Suite 400
Park Ridge, IL 60068
 Number Street City State Zip Code

Last 4 digits of account number 3730\$ 408.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 Rolando GonzalezDocument Page 33 of 70
Case number (if known)**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Med1 02 Compass Healthcare Consultan

4.28

Med Business Bureau

Priority Creditor's Name

**1460 Renaissance Dr
Suite 400
Park Ridge, IL 60068**

Number Street City State Zip Code

Last 4 digits of account number

4179

\$

154.00

When was the debt incurred?

Opened 9/01/12**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

**Collection Attorney Med1 02 Elmhurst
Emerg Med Servs**

4.29

Medical Business Bureau, LLC

Priority Creditor's Name

**1175 Devin Drive
Suite 173
Muskegon, MI 49441**

Number Street City State Zip Code

Last 4 digits of account number

1645

\$

391.41

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Collection for Elmhurst Anesthesia

4.30

Merchants Credit

Priority Creditor's Name

Last 4 digits of account number

4518

\$

96.00

Debtor 1 Rolando GonzalezDocument Page 34 of 70
Case number (if known)**223 W Jackson Blvd
Ste 700
Chicago, IL 60606**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Med1 02 Elmhurst Memorial Healthcare**

4.31

Merchants Credit

Priority Creditor's Name

223 W Jackson Blvd**Ste 700****Chicago, IL 60606**

Number Street City State Zip Code

Last 4 digits of account number

4396

\$

91.00**When was the debt incurred?** Opened 6/01/14**Who incurred the debt?** Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Collection Attorney Midwest
Orthopaedics At Rush L**

4.32

Merchants Credit

Priority Creditor's Name

223 W Jackson Blvd**Ste 700****Chicago, IL 60606**

Number Street City State Zip Code

Last 4 digits of account number

4398

\$

62.00**When was the debt incurred?** Opened 6/01/14**As of the date you file, the claim is:** Check all that apply

Debtor 1 Rolando GonzalezDocument Page 35 of 70
Case number (if known)

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

 Other. SpecifyCollection Attorney Midwest Orthopaedics At Rush L

4.33

Merchants CreditPriority Creditor's Name
223 W Jackson Blvd
Ste 700
Chicago, IL 60606

Number Street City State Zip Code

Last 4 digits of account number 0227\$ 150.00

When was the debt incurred?

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

 Other. SpecifyMed1 02 Elmhurst Memorial Healthcare

4.34

Merchants CreditPriority Creditor's Name
223 W Jackson Blvd
Ste 700
Chicago, IL 60606

Number Street City State Zip Code

Last 4 digits of account number 0617\$ 541.00When was the debt incurred? Opened 4/01/12

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes

 Other. SpecifyCollection Attorney Midwest Ear Nose Throat Cons

4.35

Merchants' Credit Guide Co.

Priority Creditor's Name

Last 4 digits of account number 0978\$ 304.91

Debtor 1 Rolando GonzalezDocument Page 36 of 70
Case number (if known)**223 W. Jackson Blvd. #700
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection for Elmhurst Memorial Healthcare

4.36

Merchants' Credit Guide Co.

Priority Creditor's Name

**223 W. Jackson Blvd. #700
Chicago, IL 60606**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6514**\$** 957.61**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection for Elmhurst Memorial Healthcare

4.37

**Midwest Orthopaedics at Rush,
LLC**

Priority Creditor's Name

**1 Westbrook Corporate Center
Suite 240
Westchester, IL 60154**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8460**\$** 173.49**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical

Debtor 1 Rolando Gonzalez

Document

Page 37 of 70

Case number (if known)

4.38

Monarch Recovery Management, Inc.

Priority Creditor's Name

**P.O. Box 21089
Philadelphia, PA 19114-0589**

Number Street City State Zip Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes

Last 4 digits of account number

3850

\$

979.76**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Collection for U.S. Bank**

4.39

Nicor Gas

Priority Creditor's Name

**P.O. Box 5407
Carol Stream, IL 60197-5407**

Number Street City State Zip Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes

Last 4 digits of account number

\$

1,300.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Services**

4.40

Nissan Motor Acceptance Corp/Infinity Lt

Priority Creditor's Name

**Nmac/Attn: Bankruptcy
Po Box 660360
Dallas, TX 75266**

Number Street City State Zip Code

Last 4 digits of account number

0285

\$

13,200.00**Opened 8/01/14 Last Active 1/27/16****As of the date you file, the claim is:** Check all that apply

Debtor 1 Rolando GonzalezDocument Page 38 of 70
Case number (if known)

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Lease

4.41

Northland Group Inc.

Priority Creditor's Name

**P.O. Box 390905
Minneapolis, MN 55439**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 5986\$ 677.55

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collection for Macy's

4.42

**Northwest Health Care
Associates**

Priority Creditor's Name

**2500 W. Higgins Road Suite 505
Hoffman Estates, IL 60169-2045**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 3105\$ 343.33

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.43

Ready Refresh

Priority Creditor's Name

**6661 Dixie Hwy
Suite 4
Louisville, KY 40258**Last 4 digits of account number 0427\$ 779.23

When was the debt incurred?

Debtor 1 Rolando GonzalezDocument Page 39 of 70
Case number (if known)

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Services**

4.44

Receivable Management Services Corp.

Priority Creditor's Name

**4836 Breckersville Rd.
PO Box 509
Richfield, OH 44286**

Number Street City State Zip Code

Last 4 digits of account number 8503\$ 265.50**When was the debt incurred?****Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed Check if this claim is for a community debt**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Collection for UPS**

4.45

Transworld Systems, Inc.

Priority Creditor's Name

**507 Prudential Rd
Horsham, PA 19044**

Number Street City State Zip Code

Last 4 digits of account number

\$ 325.00**When was the debt incurred?****Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

 Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed Check if this claim is for a community debt**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Collection for Hobbs Herder Mktg System**

4.46

United Collection Burear, Inc.Last 4 digits of account number 0649\$ 99.35

Priority Creditor's Name

Debtor 1 Rolando GonzalezDocument Page 40 of 70
Case number (if known)**5620 Southwyck Blvd
Suite 206
Toledo, OH 43614**

Number Street City State Zip Code

Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Collection for Ehmhurst Memorial Hospital**

4.47

United Collection Burear, Inc.

Priority Creditor's Name

5620 Southwyck Blvd**Suite 206****Toledo, OH 43614**

Number Street City State Zip Code

Last 4 digits of account number **7614**\$ **957.61****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Collection for Ehmhurst Memorial Hospital**

4.48

York High School Bookstore

Priority Creditor's Name

335 W. St. Charles Road**Elmhurst, IL 60126**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **684.73****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Books & Fees**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address

Arnold Scott Harris, P.C.
111 West Jackson Blvd.
Suite 600
Chicago, IL 60604

On which entry in Part 1 or Part2 did you list the original creditor?Line 2.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Campbell Hightower & Adams
4645 S. Lakeshore Drive
Suite 11
Tempe, AZ 85282

On which entry in Part 1 or Part2 did you list the original creditor?Line 4.24 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Campbell Hightower & Adams
4645 S. Lakeshore Drive
Suite 11
Tempe, AZ 85282

On which entry in Part 1 or Part2 did you list the original creditor?Line 4.25 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Campbell Hightower & Adams
4645 S. Lakeshore Drive
Suite 11
Tempe, AZ 85282

On which entry in Part 1 or Part2 did you list the original creditor?Line 4.26 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Credence
17000 Dallas Parkway
Suite 204
Dallas, TX 75248

On which entry in Part 1 or Part2 did you list the original creditor?Line 4.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Harvard Collection Services, Inc.
4839 N. Elston Avenue
Chicago, IL 60630-2534

On which entry in Part 1 or Part2 did you list the original creditor?Line 2.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

IC System
444 Highway 96 East
PO Box 64794
Saint Paul, MN 55164-0794

On which entry in Part 1 or Part2 did you list the original creditor?Line 4.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Linebarger Goggan Blair & Sampson, LLP
PO Box 06140
Chicago, IL 60606-0140

On which entry in Part 1 or Part2 did you list the original creditor?Line 2.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address

Linebarger Goggan Blair & Sampson, LLP
PO Box 06140

On which entry in Part 1 or Part2 did you list the original creditor?Line 2.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Rolando Gonzalez

Document Page 42 of 70

Case number (if known)

Chicago, IL 60606-0140

Last 4 digits of account number

Name Address
Malcolm S. Gerald and Associates, Inc.
 332 South Michigan Avenue
 Suite 600
 Chicago, IL 60604

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name Address
Northwest Collectors Inc.
 3601 Algonquin Road
 Suite 232
 Rolling Meadows, IL 60008

Last 4 digits of account number**On which entry in Part 1 or Part2 did you list the original creditor?**

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name Address
Richard T Avis & Associates, LLC
 PO Box 31579
 Chicago, IL 60631

Last 4 digits of account number**On which entry in Part 1 or Part2 did you list the original creditor?**

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9819

Name Address
Teller Levit & Silvertrust, P.C.
 19 S. LaSalle Street
 Suite 701
 Chicago, IL 60603

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Teller Levit & Silvertrust, P.C.
 19 S. LaSalle Street
 Suite 701
 Chicago, IL 60603

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name Address
Teller Levit & Silvertrust, P.C.
 19 S. LaSalle Street
 Suite 701
 Chicago, IL 60603

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations	6a. Total claim
	\$ 0.00
6b. Taxes and certain other debts you owe the government	6b. Total claim
	\$ 19,574.40
6c. Claims for death or personal injury while you were intoxicated	6c. Total claim
	\$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. Total claim
	\$ 0.00

6e. Total. Add lines 6a through 6d.	6e. Total claim
	\$ 19,574.40

Total claims from Part 2

6f. Student loans	6f. Total Claim
	\$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. Total claim
	\$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. Total claim
	\$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. Total claim
	\$ 60,690.56

Debtor 1 Rolando Gonzalez

6j. Total. Add lines 6f through 6i.

6j. \$ 60,690.56

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corp/Infinity Lt Nmac/Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	Lease for Nissan Pathfinder

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez			
	First Name	Middle Name	Last Name	
Debtor 2	(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)				

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Jacqueline Gonzalez**
2211 S. Stewart Ave.
Unit 1E
Lombard, IL 60148

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G _____

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Insurance Agent	
Employer's name	Farmers Insurance Group	
Employer's address	Rolando Gonzalez Ins Agency, Inc 242 E North Ave Northlake, IL 60164-2525	

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,250.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 3,250.00	\$ N/A

Debtor 1 Rolando Gonzalez

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <u>3,250.00</u>	\$ <u>N/A</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>0.00</u>	\$ <u>N/A</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>3,250.00</u>	\$ <u>N/A</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>N/A</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>N/A</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>3,250.00</u>	+ \$ <u>N/A</u> = \$ <u>3,250.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>3,250.00</u>	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.	
	<input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. **Does Debtor 2 live in a separate household?**
 No
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes.	Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.					<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,553.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Rolando Gonzalez

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>180.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>260.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,000.00</u>	
8. Childcare and children's education costs	8. \$ <u>837.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>150.00</u>	
10. Personal care products and services	10. \$ <u>100.00</u>	
11. Medical and dental expenses	11. \$ <u>100.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>40.00</u>	
15b. Health insurance	15b. \$ <u>295.00</u>	
15c. Vehicle insurance	15c. \$ <u>156.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>711.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>700.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>6,582.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>6,582.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>6,582.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>3,250.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>6,582.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>-3,332.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

_____. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Rolando Gonzalez

Rolando Gonzalez

Signature of Debtor 1

Date February 19, 2016

X

_____. Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$6,500.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, 2015)		Unknown	
For the calendar year before that: (January 1 to December 31, 2014)		\$39,004.00	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below..	Gross income (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Mirabella, Kincaid, Frederick & Mirabella, LLC v. Rolando Gonzalez 2012 SR 2657	Collection	Eighteenth Judicial Circuit 421 N. County Farm Road Wheaton, IL 60187	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

 No Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Mirabella, Kincaid, Frederick & Mirabell 1737 S Naperville Rd Wheaton, IL 60189	Commission <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	08/11/2015	\$1,453.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Part 5: List Certain Gifts and Contributions13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed

Value

Part 6: List Certain Losses15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Date of your loss

Value of property lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.**Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.Person Who Was Paid
Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Email or website address

Person Who Made the Payment, if Not You

Hiltz & Zanzig LLC
53 West Jackson Blvd.
Suite 205
Chicago, IL 60604
Chicago, IL 60604
info@hzlawgroup.com

Attorney Fees

02/19/2016

\$2,200.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.Person Who Was Paid
Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 **Rolando Gonzalez**

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 **Rolando Gonzalez**

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 Rolando Gonzalez

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rolando Gonzalez

Rolando Gonzalez

Signature of Debtor 1

Signature of Debtor 2

Date February 19, 2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Rolando Gonzalez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	<u>administrative fee</u>
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,
most student loans,
certain taxes,
debts for fraud or theft,
debts for fraud or defalcation while acting in a fiduciary capacity,
most criminal fines and restitution obligations,
certain debts that are not listed in your bankruptcy papers,
certain debts for acts that caused death or personal injury, and
certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re **Rolando Gonzalez**

Case No.

Debtor(s)

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>2,200.00</u>
Prior to the filing of this statement I have received	\$ <u>2,200.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 19, 2016

Date

/s/ John F. Hiltz

John F. Hiltz 6289744

Signature of Attorney

Hiltz & Zanzig LLC

53 West Jackson Blvd.

Suite 205

Chicago, IL 60604

312-566-9008 Fax: 312-566-9015

info@hzlawgroup.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Rolando Gonzalez**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____ **48**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **February 19, 2016**

/s/ Rolando Gonzalez

Rolando Gonzalez

Signature of Debtor

ADT Security Services
PO Box 371878
Pittsburgh, PA 15250-7878

Alexian Brothers Medical Center
22589 Network Place
Chicago, IL 60673-1225

Arnold Scott Harris, P.C.
111 West Jackson Blvd.
Suite 600
Chicago, IL 60604

Associated Pathology Consultants
2634 Solutions Center
Chicago, IL 60677-2006

AT&T
c/o Bankruptcy
1801 Valley View Ln
Dallas, TX 75234

Campbell Hightower & Adams
4645 S. Lakeshore Drive
Suite 11
Tempe, AZ 85282

Centurion Service Corporation
1040 S. Arlington Heights Road
Suite 205
Arlington Heights, IL 60005

Chase
Card Services
P.O. Box 15298
Wilmington, DE 19850

Cit Fin Serv
Attn: Bankruptcy
Po Box 140489
Irving, TX 75063

Commonwealth Edison
3 Lincoln Center
Attn: Bkcy Group-Claims Department
Villa Park, IL 60181

Credence
17000 Dallas Parkway
Suite 204
Dallas, TX 75248

Credit Collection Service
Po Box 773
Needham, MA 02494

Credit Collection Services
Two Wells Avenue
Newton Center, MA 02459

Credit Management, LP
Attn: Bankruptcy
Po Box 118288
Carrolton, TX 75011

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

David and Goldmark, Inc.
23441 S. Pointe Dr #200
Laguna Hills, CA 92653

Elmhurst Memorial Healthcare
27535 Netowrk Place
Chicago, IL 60673-1258

Enterprise Recovery Systems, Inc.
2000 York Rd. Suite 114
Oak Brook, IL 60523

Farmers Ins Group F C
4601 Wilshire Blvd Suite 110
Los Angeles, CA 90010

FFCC/First Federal Credit Control
Po Box 20790
Columbus, OH 43220

General Revenue Corporation
11501 Northlake Drive
Cincinnati, OH 45249-1643

Harvard Collection
Harvard Collection Services
4839 N Elston Avenue
Chicago, IL 60630

Harvard Collection Services, Inc.
4839 N. Elston Avenue
Chicago, IL 60630-2534

IC System
444 Highway 96 East
PO Box 64794
Saint Paul, MN 55164-0794

Illinois Department of Revenue
Bankruptcy Section
PO BOX 64338
Chicago, IL 60664-0338

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Jacqueline Gonzalez
2211 S. Stewart Ave.
Unit 1E
Lombard, IL 60148

Lancer Claims Services
PO Box 7048
Orange, CA 92863

Linebarger Goggin Blair & Sampson, LLP
PO Box 06140
Chicago, IL 60606-0140

Malcolm S. Gerald and Associates, Inc.
332 South Michigan Avenue
Suite 600
Chicago, IL 60604

Med Business Bureau
1460 Renaissance Dr
Suite 400
Park Ridge, IL 60068

Medical Business Bureau, LLC
1175 Devin Drive
Suite 173
Muskegon, MI 49441

Merchants Credit
223 W Jackson Blvd
Ste 700
Chicago, IL 60606

Merchants' Credit Guide Co.
223 W. Jackson Blvd. #700
Chicago, IL 60606

Midwest Orthopaedics at Rush, LLC
1 Westbrook Corporate Center
Suite 240
Westchester, IL 60154

Monarch Recovery Management, Inc.
P.O. Box 21089
Philadelphia, PA 19114-0589

Nicor Gas
P.O. Box 5407
Carol Stream, IL 60197-5407

Nissan Motor Acceptance Corp/Infinity Lt
Nmac/Attn: Bankruptcy
Po Box 660360
Dallas, TX 75266

Northland Group Inc.
P.O. Box 390905
Minneapolis, MN 55439

Northwest Collectors Inc.
3601 Algonquin Road
Suite 232
Rolling Meadows, IL 60008

Northwest Health Care Associates
2500 W. Higgins Road Suite 505
Hoffman Estates, IL 60169-2045

Ready Refresh
6661 Dixie Hwy
Suite 4
Louisville, KY 40258

Receivable Management Services Corp.
4836 Breckersville Rd.
PO Box 509
Richfield, OH 44286

Richard T Avis & Associates, LLC
PO Box 31579
Chicago, IL 60631

Teller Levit & Silvertrust, P.C.
19 S. LaSalle Street
Suite 701
Chicago, IL 60603

Transworld Systems, Inc.
507 Prudential Rd
Horsham, PA 19044

United Collection Burear, Inc.
5620 Southwyck Blvd
Suite 206
Toledo, OH 43614

York High School Bookstore
335 W. St. Charles Road
Elmhurst, IL 60126